



**Minnesota Service C.O.R.E.
AUTHORIZATION TO DISCLOSE
Protected Veteran Family Member's Information**



Lutheran Social Service
for changing lives

I, _____, _____ hereby authorize Lutheran
Printed Name of Family Member *Date of Birth*
Social Service of Minnesota (LSS) Behavioral Health / Financial Counseling to release data
about me to the MN Department of Veterans Affairs and _____,
Name of CVSO
of _____ County, _____
Name of County *Address* *City, State, Zip Code*
as described on this form.

1. I understand that I have asked LSS Behavioral Health / Financial Counseling to release the data.
2. The specific data I want LSS Behavioral Health / Financial Counseling to release is: _____

3. I understand that although the data are classified as private at LSS Behavioral Health / Financial Counseling the classification/treatment of the data at _____ depends on laws or policies of that
Name of County
county.
4. Explanation of your Rights: If you have a question about anything on this form, or would like more explanation, please talk with the Veteran's CVSO.

Acknowledged and agreed to by the individual to whom the Protected Information pertains:

Signature: _____

Name (printed): _____

Relationship to Veteran: _____ Date: _____

Acknowledged and agreed to by the individual's representative who is empowered to act on his/her behalf by reason of: _____

Representative Signature: _____

Representative Name (printed): _____

Date: _____

This Authorization expires one year from signature date or upon closure of file, whichever occurs first.